								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO													
Effective October 1, 2003								1074 9279					
CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
<u></u>	TAL OLAMAC	 .	(Columi	n 1) (Column 2)			· .	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			9					RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			4 minus 20=		*)		,	X\$ 9=		OR	X\$18=		
	DEPENDENT C		minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	770		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
<u> </u>	(Column CLAIMS			(Colun		(Column 3)	3) - 7 r	SMALL		OR 1 1	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL			TOTAL		
		(Column 1)		(Colun	nn 2)	(Column 3)	7	ADDIT. FEE (<u></u>] • • • •	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH	EST		lr		ADDI-	1 1		ADDI-	
		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AUA	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	•	
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	-	
		(Column 1)		(Colum	nn 2)	(Column 3)			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	AAA		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU					Un.						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290= TOTAL		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
		ber Pr viously Paid					r four	nd in the app	ropriate box	in colu	umn 1.		